



It's Basketball Time!

Belcamp Recreation Council

Youth Basketball 2017-2018

Offered for boys and girls, ages 7 to 14. Practices and games held at Church Creek Elementary School.

In-person registration held at Church Creek Elementary School Rec. Room:

Thursday, October 5th, 7:00-8:00 p.m.
 Tuesday, October 10th, 7:00-8:00 p.m.
 Thursday, October 12th, 7:00-8:00 p.m.

Coach and Volunteer opportunities available!

| Age Group | Location | Practice/Games Days |
|-------------------|-------------------------|----------------------------|
| 7/8 Co-Ed League | Church Creek Elementary | 1-2 Weeknight / Saturdays |
| 9/10 Boys League | Church Creek Elementary | 2 Weeknights / Saturdays |
| 9/11 Girls League | Church Creek Elementary | 2 Weeknights / Saturdays |
| 11/12 Boys League | Church Creek Elementary | 2 Weeknights / Saturdays |
| 13/14 Boys League | Church Creek Elementary | 2 Weeknights / Saturdays |

Fee: New players; \$110 (includes uniform jersey, which you keep, and shorts)
 Returning players with uniforms in good condition; \$75

Coaches are needed for all age groups!

We will need coaches in order to have a team in each division.
 Teams for 7/8 coed, 9/10 boys and 11/12 boys need head coaches

There will be no refunds after registration!

Space is limited so sign up early.

Teams will fill up fast.

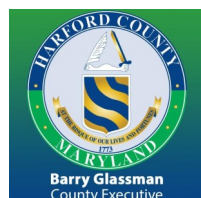
If you have questions, contact Eric Stancell at 443-686-0787

The basketball program cannot guarantee acceptance of late registrations. Late fee is \$15.



**Harford County
Parks and Recreation**

Churchville Recreation Office
 111 Glenville Road
 Churchville, MD 21028



Phone: (410)638-3853
www.harfordcountymd.gov/225/Parks-Recreation

~ ~ See reverse for registration form ~ ~

**Belcamp Recreation Council/Committee
REGISTRATION FORM**

Participant Name _____

Address: _____

City/State/Zip: _____

Parent/Guardian Name: _____

Home Phone: _____

Work Phone: _____

Cell phone: _____

Email Address: _____

Participant Date of Birth: _____

Age Group: _____

School: _____

Male or Female (please circle)

Uniform Size Needed: _____

Played Before: Yes or No (please circle)

In case of emergency, please notify:

Name: _____

Phone: _____

Any physical conditions or allergies: _____

Registration Fee: \$ _____

Ck# _____ Cash _____

Please pay by check whenever possible
Make checks payable to Belcamp Recreation Council

RELEASE OF LIABILITY

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/headsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/scda. Further information on both can be found by calling 1-800-232-4636.

Parent/Guardian Signature: _____